



# State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division

PO Box 778 / 600 W. Main St., Rm. 322

Jefferson City, MO 65102

**X001746346**  
**Date Filed: 11/7/2022**  
**Expiration Date: 11/7/2027**  
**John R. Ashcroft**  
**Missouri Secretary of State**

## Registration of Fictitious Name

(Submit with filing fee of \$7.00)

(Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

**Please check one box:**

☒ New Registration ☐ Renewal ☐ Amendment ☐ Correction

*Charter number* *Charter number* *Charter number*

**The undersigned is doing business under the following name and at the following address:**

Business name to be registered: D3 TECHNOLOGIES

Business Address: 4600 W Kearney St Ste 100

*(PO Box may only be used in addition to a physical street address)*

City, State and Zip Code: Springfield, MO 65803-6700

### Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
D3 TECHNICAL SERVICES, LLC	LC0023562	4600 W Kearney Ste 100	Springfield, MO	65803	100.00

**All owners must affirm by signing below**

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo)

D3 TECHNICAL SERVICES, LLC - Kevin Charles  
Schlack

*Owner's Signature or Authorized Signature of Business Entity*

D3 TECHNICAL SERVICES, LLC - KEVIN  
CHARLES SCHLACK

*Printed Name*

11/07/2022

*Date*

Name and address to return filed document:

Name: Kevin Schlack

Address: Email: kevin.schlack@teamd3.com

City, State, and Zip Code: \_\_\_\_\_